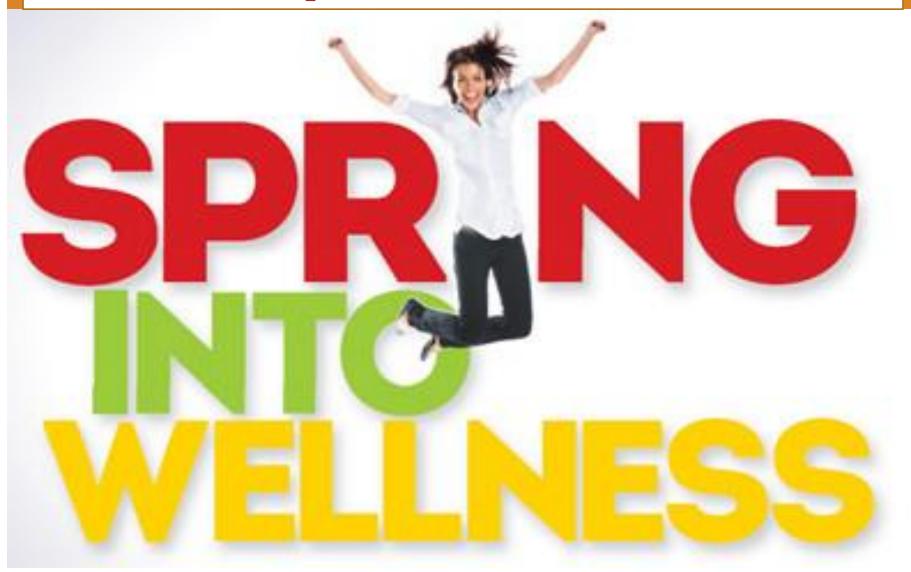
Yuma County 2014/2015 Open Enrollment



IMPORTANT!

You must complete the enrollment form.

If you do not want a benefit, you must waive coverage.

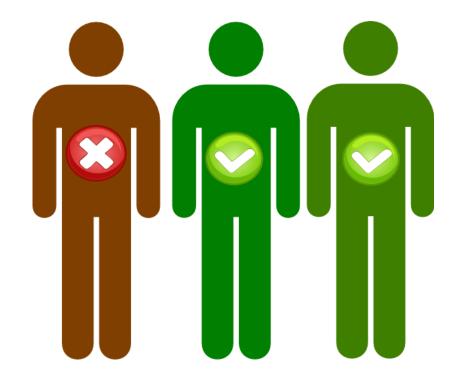
If you do not turn in your enrollment form, you
will be automatically enrolled in the medical
PPO plan with employee only coverage.

Dental, Vision, Supplemental Life will be cancelled.

Eligibility

If you are enrolling <u>new</u> dependents you will need to provide verification of dependent status

- Spouse: Marriage certificate
- Children up to the age
 of 26: Birth certificate



Health Care Reform Requirements

EXTREMELY IMPORTANT!

Default Option

 Employees who do not elect a plan will be defaulted into the PPO Option with employee only coverage. All previously elected benefits will cease (except BASIC life insurance).

Waiving Insurance

 If you want to waive insurance, you are still required to fill out an enrollment form to waive coverage.



Medical Insurance Options

- July 1, 2014 through June 30, 2015
 - PPO Option



TPA and Network

- Blue Cross Blue Shield of Arizona
 - Third Party Administrator (TPA) and Network
 - Customer Service Number
 - 1-877-475-8445
 - Finding a doctor
 - In Arizona and Nationally
 - www.azblue.com
 - 1-877-475-8445
 - 24 Hour Nurse Hotline 1-866-422-2729
 - Claim issues?
 - Call BCBS of Arizona or your Yuma County HR Benefits Department



An Independent Licensee of the Blue Cross and Blue Shield Association

PPO Option: Overview

Deductible

Individual: \$500

Family Cap: \$1,500 (3x individual)

Copays/Co-insurance

Plan pays 80% after deductible

\$20 copay on physician office visits

\$30 Specialist and Urgent Care

Maximum Out of Pocket Per Year

• Individual: \$4,500

Family Cap: \$9,000 (2x individual)

ER

\$125 + deductible + co-insurance



PPO Option: Cost

| | Yuma County Pays | Employee Premium Monthly | Employee Premium Per paycheck |
|------------------------|------------------------|--------------------------------|-------------------------------------|
| Employee | \$526.47 | \$58.32 | \$29.16 |
| Employee + Spouse | \$1,041.07 | \$186.97 | \$93.49 |
| Employee + Children | \$839.89 | \$136.68 | \$68.34 |
| Employee + Family | \$1,354.47 | \$265.32 | \$132.66 |

<u>Bi-weekly premium is eligible for pre-tax (Section 125). No Social Security, Federal and State income tax will be withheld on premium amount.</u>

PPO Plan: Two Employee Family

- Employee 1 selects "Employee + Children" coverage at \$68.44 per pay period.
- Employee 2 selects "Employee Only" coverage at \$29.16 per pay period.
- TOTAL: \$97.60 per pay period
- Both employees are eligible to receive the Wellness Incentive



PPO Plan: Pharmacy Benefits

- Express Scripts is the Prescription Benefit Manager (PBM)
 - 1-800-711-0917
 - www.expressscripts.com
 - Resolve customer service issues
 - Reorder medication
 - Look up medication information
 - View prescription history
 - Visit and shop the on-line store
 - Download the phone app





PPO Plan: Pharmacy Benefits

- COPAYS
- 30 day retail
 - Generic \$5
 - Preferred Brand 20% copay (\$45 cap)
 - Non-Preferred Brand 20% copay (\$80 cap)
- 90 day mail order
 - Generic \$10
 - Preferred Brand 20% (\$90 cap)
 - Non-Preferred Brand 20% (\$160 cap)



2014/2015 Wellness Incentive

\$180 Annual Incentive!!!

- How to Qualify:
 - 1. Complete Annual Physical before May 15, 2014
 - Wellness exams between April 15, 2013 and May 15, 2014 are eligible for the 2014/2015 Wellness Incentive
 - Turn in Physician Acknowledgement Form by May 15, 2014.
 - Complete an Annual Biometric Screening
 - Health and Benefits Fair: April 15th and 16th
 2014 (also available with your doctor)
 - Complete an on-line Health Risk Assessment at www.azblue.com between January 1, 2014 and May 15, 2014

2014 Wellness Incentive

How the MONTHLY Incentive is applied:

• PPO Option: \$15 per month reduction in premium



PPO Option Cost: Wellness Comparison

| | Bi-weekly Employee Cost | Bi-weekly Employee Cost w/ Wellness Incentive |
|------------------------|----------------------------|--------------------------------------------------------|
| Employee | \$29.16 | <u>\$21.66</u> |
| Employee + Children | \$68.34 | <u>\$60.94</u> |
| Employee + Spouse | \$93.49 | \$85.99 |
| Employee + Family | \$132.66 | <u>\$125.16</u> |





SSA Mexico



- Only available with PPO Option
- Coverage is only provided for services authorized under the YCEBT Medical Plan
- Claim forms available at www.yumacountyaz.gov
 >Departments >Benefits or on SSA's web site
- Contact SSA Mexico at 1-800-474-3485
- Website: www.southwestservicestpa.com
- Print claim forms and locate providers

SSA Mexico



- Services provided in many Mexico cities on the Arizona and California border
- No Vision or Dental services provided
- No co-pays or deductibles
- \$3,500 annual allowance for individual and \$7,000 family allowance
 - Individuals eligible for \$3,500. Families share a "pooled" \$7,000. Any persons cannot use more than \$3,500. For example, a spouse uses \$3,500; that leaves \$3,500 for the rest of the family.

Flexible Spending Account



Medical Account

- Up to \$2,500 election
- Use it for co-pays, deductible and coinsurance expenses, dental services, eyeglasses and exams, prescription medicines, and medical equipment
- Cannot use it for over the counter medication without a prescription

Dependent Care Account

- Up to \$5,000 election
- Use it for nanny, daycare, and child and/or adult day care expense
- 13 years of age limit
- Provider must supply their Social Security number or tax ID number



Rollover

- Up to \$500 of unused funds will rollover into 2015 for use on any eligible expenses.
- Claims must be filed by the end of the plan year



Vision Benefits





\$10.00 eye exam co-pay \$20.00 co-pay for diabetic eye exam \$25.00 co-pay for lenses \$130.00 frame allowance (24 months) Other service discounts available Providers: Adobe Eye Care, Corona Optique, Yuma Vision



Rates Per Pay Period

Employee Only: \$4.21

• Employee + 1: \$8.42

• Employee + Fam.: \$13.56



\$10.00 eye exam co-pay

Diabetic eye exam included for diabetics

\$25.00 co-pay for lenses

\$125.00 frame allowance (24 months)

Other service discounts available

Providers: Nationwide Vision, Sam's Club & WalMart



- Employee Only: \$2.96
- Employee + 1: \$5.32
- Employee + Fam.: \$8.28

Dental Benefits



△ DELTA DENTAL®

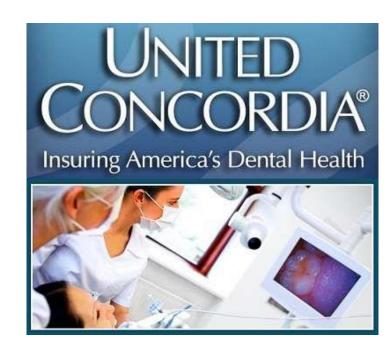
| | Delta Dental Premier Provider | |
|------------------------------|----------------------------------------|--|
| Ann Benefit Max | \$2,500 | |
| Annual Deductible | \$50/\$100 | |
| Class I Services -Preventive | 100% Excluded from Max. Annual Benefit | |
| Class II Restorative | 80% | |
| Class II Endodontics | 80% | |
| Class II Periodontics | 80% | |
| Class II Oral Surgery | 80% | |
| Class III Endodontics | 50% | |
| Class III Periodontics | 50% | |
| Prosthodontics | 50% | |
| Bridge and Denture Repair | 50% | |
| Orthodontics | Lifetime Max \$1,000 | |



- Employee Only: \$18.44
- Employee + 1: \$40.06
- Employee + Fam.: \$52.95

UNITED CONCORDIA America's Premier Dental Insurer

| | U.C. In-Network | |
|------------------------------|----------------------------|--|
| Ann Benefit Max | \$2,500 | |
| Annual Deductible | \$50/\$100 | |
| Class I Services -Preventive | 100% Exc. From ann. Max | |
| Class II Restorative | 80% | |
| Class II Endodontics | 80% | |
| Class II Periodontics | 80% | |
| Class II Oral Surgery | 80% | |
| Class III Endodontics | 50% | |
| Class III Periodontics | 50% | |
| Prosthodontics | 50% | |
| Bridge and Denture Repair | 50% | |
| Orthodontics | Lifetime Max \$1,000 | |



- Employee Only: \$19.33
- Employee + 1: \$42.02
- Employee + Fam.: \$55.53



| Plan Year Max | None | |
|------------------------------------------|---------------------------------------|--|
| Plan Year Deductible | No Deductible | |
| Oral Exam | \$0 Co-Payment | |
| Interoral Complete X-Rays | \$0 | |
| Amalgam – 1 surface filling | \$12 | |
| Root Canal – Anterior | \$175 | |
| Crown – Porcelain / Ceramic Substrate | \$270 + Lab Fee w/ capped lab fees | |
| Orthodontics (adults & children) | \$2,800 - \$3,700 Co- Pay | |
| Orthodontics Lifetime Max | None | |



- Employee Only: \$5.08
- Employee + 1: \$10.75
- Employee + Fam.: \$13.89



Basic Life Insurance

1x your annual salary in basic life insurance, not to exceed \$50,000 (at no charge to you)



Supplemental Life Insurance

| | Min | Max | Increments | EOI |
|----------|----------|--------------------------------------------------------|------------|----------------------------------|
| Employee | \$10,000 | 5 Xs annual salary not to exceed \$250,000 | \$10,000 | EOI Req: >\$10,000 yr. |
| Spouse | \$5,000 | \$50,000 Or 50% of employee's face amount | \$5,000 | EOI Req: >\$5,000 yr. > \$20,000 |



Child(ren) supplemental term life insurance

- Elect \$2,500, \$5,000, \$7,500 or \$10,000 for your child(ren)
- Rates are 22.5 cents per \$2,500 per pay period for one or all of your minor children
 - For example, \$5,000 of coverage is a 45 cent deduction per pay period
 - Amount deducted covers one or more children
 - If over 19 documentation showing full-time student status

Additional ING Programs



Travel Assistance Program

- Provided by ING at no cost
- To protect and assist when you travel more than 100 miles from your home
- Not road side assistance
- Provide pre-trip information, emergency personal services, and emergency transportation services
- Call 1-800-859-2821 and identify yourself as an eligible participant in the ING Travel Assistance Program

Funeral Planning Services

- Advisor planning assistance
- Price Finder research report
- Online funeral planning tools
- Family assistance and plan implementation
- Negotiation assistance
- To alleviate the financial aspect of losing a loved one

Support 5 Linc

EMPLOYEE ASSISTANCE PROGRAMS



Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM (EAP)

RECEIVE UP TO 6 FREE SESSIONS PER ISSUE PER YEAR

- Marriage
- Family
- Financial
- Legal (Free online will)
- Emotional
- Personal
- Stress-related concerns
- Chemical dependency
- Health and wellness
- Discounted referrals
 - Child and elder care
 - Prenatal care
 - Pet services



Other Benefits

- Other informational handouts available (not included in your packet)
 - Medical plan descriptions
 - HSA information
 - Vision brochures
 - Dental descriptions
 - Additional Insurance
 - Aflac
 - Colonial
 - Deferred Compensation (457b)
 - TIAA-CREF
 - Nationwide
 - ICMA-RC
 - RPA













Enrollment Packets

What you need to return:

- Acknowledgement of Receipt of Notices check-sheet
- Enrollment form
- Life Insurance form
- Evidence of Insurability form (mail to ING if necessary)

You will also find:

- Notices
- Directory
- Rate sheet

DEADLINE: May 15, 2014 at 5:00 p.m.

Life Changes

Remember to notify us in the event:

- Change of address
- Qualifying event (birth of a child, adoption, marriage, spouse losing/gaining insurance, divorce, etc.)
- You have 31 days to make certain changes to your elections

2014/2015 Health & Benefits Fair



IMPORTANT!

You must complete the enrollment form.

If you do not want a benefit, you must waive coverage.

If you do not turn in your enrollment form, you
will be automatically enrolled in the medical
PPO plan with employee only coverage.

Dental, Vision, Supplemental Life will be cancelled.

Questions???



THANK YOU!!!



HAVE A WONDERFUL DAY